

**DEPARTMENT OF VETERANS AFFAIRS GOVERNMENT LIFE INSURANCE
IMPORTANT INFORMATION AND INSTRUCTIONS FOR NAMING BENEFICIARIES**

In order to protect your beneficiary(ies), it is important to keep your Beneficiary Designation up to date. A properly completed, current designation filed with your insurance records will ensure that your insurance will be paid to the person(s) you want to get it. The information and instructions on this page are provided to help you complete the Beneficiary Designation on the reverse side of the form.

1. You have the right to change the beneficiary(ies) at any time without the knowledge or consent of the prior beneficiary(ies). A state court order or divorce decree cannot restrict this right and is not binding on you.
2. You may name as beneficiary(ies) any person, firm, corporation or other legal entity including your estate.
3. This designation will cancel and replace all previous designations for all of your policies. Any policies you wish to be excluded from this designation must be listed in Remarks on the designation form.
4. When inserting a beneficiary's name, please provide the first name, middle initial, and last name. For example, use John J. Smith. For married persons, use Mary R. Smith, not Mrs. John J. Smith.
5. DO NOT DELAY SENDING THIS DESIGNATION if you do not have a beneficiary's Social Security Number handy. Your designation is still valid even if you do not know the Social Security Number, so send this designation right away. Having the beneficiary's Social Security Number will help us locate the beneficiary.
6. If you name more than one principal or contingent beneficiary, please show the share, in fractions such as 1/2 or 1/3, etc., which each is to receive and make certain that the shares total "1". Equal shares will be paid unless you designate otherwise.
7. The figure 1 printed in the "option for each" block means that the beneficiary(ies) may choose to received the insurance in one lump sum or in monthly payments. For information on monthly payment options call our toll free number below.
8. The preprinted phrase "or to survivor(s)" means that the share of a beneficiary(ies) who dies before you will be paid to the surviving beneficiaries. For example, if you name three principal beneficiaries and one dies before you, the share will be paid to the other principal beneficiaries, not to any contingent beneficiaries. For information about alternatives to the automatic survivorship clause, please call our toll free number shown below.
9. If no beneficiaries survive you or none are selected, the insurance proceeds will be paid to your estate.
10. MAILING INSTRUCTIONS - Send the form promptly upon completion to the VA Office which maintains your insurance records. A copy will be returned to you as evidence of receipt by VA. The two insurance offices are:

VARO&IC (B&O)
P. O. BOX 7208
PHILADELPHIA, PA 19101

VARO&IC
FEDERAL BLDG., FT. SNELLING
ST. PAUL, MN 55111

IF YOU HAVE ANY QUESTIONS CONCERNING YOUR GOVERNMENT LIFE INSURANCE PLEASE FEEL FREE TO CALL OUR TOLL FREE NUMBER 1-800-669-8477.

PRIVACY ACT INFORMATION - No designation of beneficiary may be made unless a completed form has been received (38 U.S.C. 1917, 1949, and 1952). The information provided on a voluntary basis will be used by VA employees and your authorized representatives in the maintenance of Government insurance programs. Responses may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 36VA00, Veterans and Armed Forces Personnel U. S. Government Life Insurance Records - VA, published in the Federal Register.

RESPONDENT BURDEN - Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Clearance Officer (723), 810 Vermont Ave., NW, Washington, DC 20420; and to the Office of Management and Budget, Paperwork Reduction Project (2900-0020), Washington, DC 20503. PLEASE DO NOT SEND THIS FORM OR APPLICATIONS FOR BENEFITS TO THESE ADDRESSES.

NOTE: THIS FORM IS NOT TO BE USED FOR SERVICEMEN'S OR VETERANS' GROUP LIFE INSURANCE.